

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-878)	SERIAL NO. <b>10/089998</b> FILING DATE _____ APPLICANT(S) _____
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CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1					1		51				
2						1	52				
3							53				
4						1	54				
5					1		55				
6					1		56				
7					1		57				
8						1	58				
9		8				8	59				
10						1	60				
11		8				8	61				
12		8				8	62				
13		8				8	63				
14	1				1		64				
15		1				1	65				
16		1				1	66				
17		1				1	67				
18		1				1	68				
19		5				5	69				
20		5				5	70				
21		5				5	71				
22		5				5	72				
23					1		73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5				6		TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

TOTAL  
IND. 5  
TOTAL  
DEP. 1  
TOTAL  
CLAIMS 6  
PTO-130

6